

DETENTION IN ASYLUMS.*

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A N observant visitor, on passing through the wards of almost any large asylum for the insane, will probably notice patients who appear to be, and perhaps are, fully convalescent; and others who, although not altogether of sound mind, appear well enough to be entrusted to the care of their friends, without danger to themselves or others. The inference is sometimes drawn that some at least of these convalescent patients are unjustly detained, either through negligence, or through improper influences and motives; and also that many of the harmless patients are unnecessarily and hence unjustly detained.

Without attempting any prolonged discussion of the question whether possibly there may not be cases in which patients are improperly detained through interested motives, or through neglect, it will undoubtedly be found of interest to make inquiry whether, in fact, improper detentions are of frequent occurrence; and also how soon convalescents should be discharged; and whether uncured patients might not with greater frequency be relieved from asylum restraints and placed in charge of their friends, or in private families.

While it may be admitted that unjustifiable detentions

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are quite possible, as any other sort of injustice is possible on the part of persons holding positions of power and responsibility, there are many reasons for believing that convalescent patients are very seldom indeed maliciously detained by physicians in charge of asylums. Aside from considerations of honor and humanity, professional pride is a motive that strongly induces physicians to report as many cures as possible; their professional reputation would be ruined if they were convicted of such malicious detentions; they would be liable to a civil suit for damages, and detection would always be imminent. The convalescent patient would rarely have much difficulty in getting a public hearing of his case, as is shown by the facility with which patients who are undoubtedly insane get such a hearing in the courts. Attendants and other employees, assistant physicians, trustees of the institution, friends of other patients, and the State Commissioner in Lunacy are all sources of danger which would seem sufficient to deter any physician of ordinary prudence from committing the crime in question, even if he might otherwise be disposed to yield to the persuasions and bribes of parties interested in having the injustice perpetrated. In view, then, of the strong motives which exist as deterrents from malicious detentions, and of the fact that so few of them come to light, notwithstanding the many sources through which the fact of the wrong-doing can be made known, it may fairly be assumed that malicious detentions are of very infrequent occurrence.

It is quite possible, however, that convalescents may sometimes be detained longer than they ought, through excess of caution, through lack of a reasonable confidence in the stability of apparent cures, or through lack of a proper appreciation of the importance of discharging convalescents as soon as this can be done with safety. At all

events, it is of considerable importance that general practitioners of medicine and physicians in charge of asylums should have a mutual understanding of the main facts which underlie the decision of the question.

The mere fact that convalescent patients may at all times be observed in the wards of large hospitals for the care and cure of the insane, is not at all surprising. If patients are cured at all, there must, of necessity, be some sort of probationary period between the disappearance of all symptoms of disease and the recognition of the change in condition as a cure, rather than a mere amelioration; and a certain period of time may also be required to make suitable and necessary arrangements for the removal of the convalescent.

In many cases there are special reasons, however, which render a somewhat prolonged probation of great importance to the welfare of the patient, as a preliminary step to his discharge and return to the duties and trials of his business, or of his home. In this respect his needs do not differ from those of many convalescents from other diseases whom their medical advisers find it important to dissuade from undertaking their ordinary duties as soon as actual disease has disappeared, but before full strength of body has been regained and while danger of a relapse may be still imminent. And physicians are fully aware how difficult it often is to get this cautionary advice heeded.

In mental diseases the danger of a relapse, or, at least, of a recurrence, is greater than in most other diseases. Regarding relapses, Dr. Thurman, after an exhaustive study of the statistic of insanity, states as follows, to wit: "In round numbers, then, of ten persons attacked by insanity, five recover and five die sooner or later during the attack. Of the five who recover, not more than two remain well during the remainder of their lives; the other three sustain subsequent

attacks, during which at least two of them die." It is true that many of these recurrences do not take place until after considerable intervals of time; but, on the other hand, in many instances a premature exposure to the trials and annoyances of ordinary life has been followed by an immediate and dangerous relapse. It should be remembered that the immediate cause of the attack, in very many cases of insanity, intimately depends upon the worries connected with their business or with their domestic relations, and that, when they return to their homes, they will almost unavoidably be exposed to the very influences which acted as exciting causes of their insanity in the first instance. In all such cases, then, it is evidently the duty of the conscientious physician to advise a somewhat prolonged delay, before returning to their homes; and if their retention at the asylum is the only feasible means of securing this desirable end, there should certainly be no hesitation in advising this course. If it be said that patients who have been insane, and who appear to have regained the use of their reason, cannot be properly, nor legally, detained a single moment against their will, it may be replied that patients who are really convalescent are usually quite ready to accept the kind advice, in such matters, of those who have been instrumental in effecting their cure. To this rule there are very few exceptions; so few, in fact, that if the apparent convalescent stubbornly refuses to consider such advice, when kindly given with the reasons therefor, it may fairly be considered questionable whether convalescence has really been established. Still, in the case of a man or woman of affairs, it would undoubtedly be safer for the physicians, if not for the patient, that he be allowed his full liberty as soon as he appears to have recovered, if he should refuse to accept the advice given.

If it be *known* that the insanity was caused by domestic

infelicities or by business worries, to which the patient will be again certainly exposed on his discharge ; and especially if the insanity have been characterized by dangerous impulses against parties with whom he would be brought in close relation, a somewhat prolonged probationary detention may become clearly advisable.

In some cases of insanity, partial or complete relapses occur one or more times during the progress toward recovery. Hence, although during the remissions the patient may appear to be quite well, it is often essential to his welfare that he remain until a remission has been so prolonged that the danger of a relapse need no longer be feared. If, however, the case develop as one of recurrent insanity, which is probably incurable, if the attacks are not dangerous in character, and the patient have a suitable home from which he can be promptly returned to the asylum whenever this becomes necessary by reason of a renewed attack, there would be no valid excuse for his detention during the period of remission.

There is still another class of patients in which a rather prolonged probationary detention may be advisable after convalescence would appear to an ordinary observer to have been fully established ; that is, cases of delusional insanity, in which the delusions have not been freely expressed, and in which the amelioration has been gradual and prolonged. If in such cases the patient would be subjected to unfavorable influences after his discharge it is safer to prolong his probation than to incur the risk of a relapse which might follow a premature exposure to causes of mental disturbance. If, however, such patients would be placed under favorable conditions after their discharge, it is often advisable to take this step at an early day, as the change may encourage the patient and confirm or hasten his convalescence.

Under the following circumstances patients should be discharged with promptitude after convalescence has taken place,—that is, when the physical health has been fully re-established; the recovery has been steadily progressive, prompt, and full; and the conditions and influences under which the patients are to be placed are likely to be favorable, or at least not unfavorable.

But there are many patients who have not yet recovered, and who never may recover, whose detention in asylums for the insane is neither necessary nor advisable, if they have suitable homes to which they can be removed, or if such homes can be provided for them.

During the early stages of the disease there may be, and usually are, many reasons which render hospital treatment highly advisable, if not an actual necessity. The early stage is usually the acute, the active, the troublesome stage of the attack; the friends of the patient are unused to the care and management of such invalids, and by reason of their consanguinity and previous intimate relations with the patient are likely to be especially unnerved and unfitted for the task. It is then still uncertain what the developments and course of the disease will be, whether suicidal or homicidal or violent propensities will be manifested; and, moreover, the early is the curable stage, so that it is of the highest importance to the patient, as well as to his friends, that he at this time have the advantage of such skilful care and treatment as are most likely to bring about his recovery.

Later in the progress of the disease the condition of the patient has oftentimes changed very much for the better, or, at least, his insane life has become well understood, so that now his conduct under given conditions and circumstances may be foreseen with nearly if not quite as much precision as in the case of persons of sound mind. Many of these incurable patients who are now habitually detained

as life-long prisoners in asylums for the insane might undoubtedly be allowed to enjoy the comforts and pleasures of ordinary family life without danger to themselves or others. For however comfortably housed, fed, and cared for, a patient who still retains a fair amount of intelligence may be in a large hospital for the insane, there are very few of such patients who would not be much happier if they could participate in the occupations, pleasures, and amenities of ordinary family life. It may be objected that the term *prisoner* cannot be properly applied to patients who are placed in asylums for care and treatment; and, moreover, that very few of those who are fitted for private life would look upon their detention in the light of an imprisonment at all. To this it might be answered that many of them do look upon their detention as a virtual imprisonment, and would gladly embrace the opportunity to regain somewhat of the liberty they have lost if it were offered them. If it be a fact that many patients appear to be well contented with their asylum life, and that they might be unwilling to leave a place which has become to them a sort of home, the fact would not by any means prove that their condition might not be improved by a change to some other sort of life, any more than contentment in a state of ignorance or of slavery would prove that ignorance or slavery was desirable or best.

The following quotation from the writings of Dr. John Charles Bucknill may be adduced in support of the views which have just been expressed, to wit:

“ Every one acquainted with domestic treatment will feel assured that Mr. Phillips’ explanation only applies to asylum lunacy, and that it is, to a great extent, the misery of imprisonment which begets the strong sense of wrong. The aversion which most lunatics have to an asylum is, no doubt, not altogether a rational sentiment. But, if we re-

flect that, with what mind he has left, a lunatic feels the stigma of detention in an asylum; that, moreover, the restraint of limited quarters and narrow bounds is irksome to him; that he resents the inevitable association with distasteful companions, perhaps not more insane than himself, but different, and therefore offensive; and, if he be a man of culture and position, that subjection to the men who for low wages accept the duties of the attendants, is often felt by him to be unspeakably degrading; and that to all this may be added the conviction that he is deserted by those who owe him positive care and tenderness, we shall scarcely need to follow Mr. Phillips in attributing all his complaints and his sense of wrong to insane conceptions."

Dr. Henry Maudsley writes as follows on the same subject, to wit:

"I feel most earnestly that I should infinitely prefer a garret or a cellar for lodgings, with bread and water only for food, than to be clothed in purple and fine linen and fare sumptuously every day as a prisoner. I can well believe that all the comforts which the insane person has in his captivity are but a miserable compensation for his entire loss of liberty; and that they are petty things which weigh not at all against the mighty suffering of a life-long imprisonment. I would put it to those who lay stress on the comforts of asylums, whether they sufficiently consider the discomforts of them apart from the imprisonment, which they are by the nature of the case. Is it not a common thing to hear from an insane person bitter complaints of the association he has in the asylum, and of the scenes of which he is an unwilling witness—scenes which cannot fail to occur, notwithstanding the best classification, where all sorts and conditions of madness are congregated together? What, again, can be conceived more afflicting to a man who has any intelligence and sensibility left than the vulgar

tyranny of an ignorant attendant—a tyranny which the best management cannot altogether prevent in a large asylum? And I might go on to enumerate many more of the unpreventable miseries of life in an asylum, which, while superintendent of one, forced themselves painfully upon my attention, and often made me sick at heart."

Very many cases of chronic insanity have been in times past and still are living in private families without being subjected to the restrictions and disagreeable annoyances incident to asylum life, and without danger or serious annoyance to others.

It may be considered as an established fact, then, that many insane patients, who were properly placed in asylums for care and treatment during the early stages of the disease, might as properly, and with benefit to themselves, be removed after the disease has become chronic and probably incurable.

The important question remains to be decided : What class of incurables might thus be removed, and under what conditions and circumstances their removal would be justifiable or desirable ?

It may be premised that any insane person, whether in the acute or chronic stage of the disease, can be cared for at least as well outside the walls of an asylum as within, provided the friends are able and willing to incur the very considerable expenditure required. The present inquiry has no regard to this class of patients, but rather to those of ordinary means, or wholly without means, who must of necessity be maintained at a moderate expense, and hence either as inmates of large establishments, or as members of ordinary private families.

Since, then, a moderate cost for maintenance is an important and, in fact, an essential element in the problem, all patients must of necessity be retained under asylum

treatment who would require especial care or supervision if at large as inmates of private families.

Hence noisy, violent, mischievous, homicidal, suicidal, or disorderly patients are evidently of those who must be detained.

So, too, patients who are orderly and reliable a portion of the time, but are subject to sudden exacerbations of excitability, need to be under asylum supervision and restraints.

There are many patients, however, who have never been disorderly nor outwardly disturbed, who are much more dangerous in their impulses and propensities than the classes above mentioned, and whom it would be unwise to allow the liberty of the family, however quiet, orderly, and even rational they may appear to ordinary observers. Among these may be mentioned those who entertain delusions of persecution ; those who entertain fears of personal injury ; those who imagine that conspirators are plotting to deprive them of their property, their liberty, or other of their rights ; those who think that relatives who owe them especial regard or fealty are untrue to them, as that the wife has illicit relations with other men, or the children have procured their imprisonment in an asylum for the purpose of getting control of the paternal estate ; those who are vindictive in character, and who have strong personal antipathies ; and those who are not frank and full in the expression of their delusions, views, and feelings.

But after all such patients have been excluded, as unfit to be entrusted with that measure of liberty which the children of any well regulated family may enjoy, there remains a very considerable number of uncured patients in asylums for the insane who have become so harmless and unobtrusive in their conduct that they might safely enjoy and, if possible, ought to be allowed this measure of liberty.

Of such patients are many of those who have become useful members of the asylum household. In fact, those patients who have become industrious in their habits are, on this account, much less likely to require asylum detention than those who have not acquired, or who have never had habits of industry. But, without including harmless dementes and those who have become physically helpless, the harmless incurables are by no means confined to the industrious class. All chronic cases of insanity in which the acute symptoms have given place to quiescence of thought, feeling, and action are entitled to have their claims to an enlargement of their liberties carefully and candidly considered. Moreover, it will undoubtedly be found during the process of enlargement that not a few of these incurables who are restive and troublesome under the restraints and annoyances of asylum life would be found entirely docile and in every way improved under the genial influence of the home life.

As an illustration of what may safely be accomplished in the enlargement of uncured lunatics, reference may be made to such cases as have from time to time been removed to their homes by their relatives, or have been released by order of the courts. A case in point is that of a woman who had been many years an inmate of the New York City Lunatic Asylum, and whose friends, distant relatives, had always considered her as quite unfit to be a member of their family circle. When the patient became an heiress, however, to the amount of ten or fifteen thousand dollars, these same relatives changed their views and removed her to their home in the city, where she remained with great satisfaction to herself, and no doubt with equal satisfaction to her friends.

If, then, uncured patients, after their insane disposition and propensities have become developed and well under-

stood, or after a certain degree of improvement has taken place, may often be properly removed from asylums in which they were properly confined in the first instance, as would seem to be the case, it would undoubtedly appear to most persons who are not well acquainted with the characteristics of the insane that all such patients ought to be placed in charge of their nearest relatives, if they have any, as being the persons naturally best fitted to promote their welfare and secure their happiness. This general conclusion would be a mistake, however; and the attempt to carry it into practice would not unfrequently be attended by unnecessary annoyances and failures, and even by positive dangers both to the patient and his relatives—especially to the latter.

The condition and characteristics of many of these patients, and the circumstances and mental status of their relatives, are such, certainly, that they can be placed in care of their kindred without danger or serious inconvenience to either. In all such cases the relatives should be encouraged and, if need be, assisted by the Commonwealth in undertaking the charge.

But there are also many uncured patients who would be improved and rendered happier by a change from asylum to family life, who, for various reasons, ought not to be placed in charge of any of their relatives, and least of all with their immediate family.

As minor, but still in many cases important, considerations on the part of relatives which would render it improper and unwise for them to receive the harmless incurable as a member of their family, may be mentioned: too limited quarters for the accommodation of any additional boarder and lodger; a burden of family cares and annoyances that ought not to be increased; or the fact that there were members of the family—as children, invalids, inebri-

ates, or dementes—who would be seriously annoyed by or would seriously annoy the patient; or outside annoyances incident to the location in which the family resided, as great confusion and noise, local sources of danger, or the annoyances of ill-dispositioned neighbors. A more important objection still might be found in some instances in the existence of a strong hereditary predisposition to insanity in the family. In such cases, constant contact and intercourse with and the care of an uncured patient, whose actual inherited insanity ran in the same lines as their own inherited predisposition, might be dangerous to the mental stability of other members of the family, and ought not to be undertaken without grave consideration and competent advice. Cases are not wanting in which the danger here pointed out has been found a real one in the event.

There are also, in many cases, reasons on the part of the patient which would render a return to his own home, or relatives, much less advisable than a residence entirely apart from his former home and friends. A return to former scenes and associations, without the ability to undertake the management of affairs, or to exert the influence that had been accorded in a state of health, might act as a cause of irritation, or of depression. Moreover, if restrictions were required, in any way, these would be much better borne from strangers than from relatives who might in former times have been subordinate to the wishes and directions of the patient. Aside from the danger to the family, the return of a patient who entertained antipathies against any of its members would only add to his miseries instead of increasing his happiness.

As a preliminary to the trial of any systematic scheme for relieving harmless lunatics from asylum care and restraints, a law should be passed by the State Legislature authorizing

a system of furloughs, to the end that for a certain period of time patients thus removed might be considered as released on probation, and subject to be returned if the trial should prove a failure. The patient would thus for a time continue subject to all the legal restraints to which he was subject while at the asylum, and, in case of the necessity of a return, legal expenses and delays would be avoided. Some superintendents of asylums even now grant leave of absence on trial, both to uncured patients and to those supposed to be convalescent; and think they are acting within the meaning of the law in so doing. Other superintendents, however, think that furloughs of this sort are unlawful. Hence it would be better if the right were clearly set forth and defined by statute.

The next important step would be the selection of suitable patients for the trial. This should be made by properly constituted authorities after due consultation with and under the advice of the medical superintendent of the asylum.

If the relatives of any patient selected were suitable and willing to undertake his care; and if their home and surroundings were appropriate, the problem of making a suitable disposition of the patient would be already solved. In case the friends were able to support the patient, the State would be the gainer by being relieved of the cost of his future maintenance. If they were unable to give this support, the state would not be the loser by paying to the family an amount equal to the cost of his board and attendance at the asylum.

The suitable disposition of such of these patients as could not be properly cared for by their relatives might offer difficulties of a somewhat serious nature. Whenever this question has been discussed by alienists and others, there have not been wanting those who hold that, in this country,

suitable families could not be found which would undertake the care of such patients for the very moderate remuneration the State would be justified in paying. It is quite likely that at present very many such families could not be readily found. But it is altogether probable that a few might be found in which some of the more orderly incurables from the wards of our large asylums might thus be placed; and if only a very few such families can be found at present, it is quite certain that the number would soon be doubled, and perhaps afterward indefinitely increased, when the nature of the service came to be generally understood. It should be remembered that there are vast numbers of highly respectable families, in comfortable circumstances, throughout the country, who take summer boarders during the busiest season of the year, and at very moderate rates of compensation. It is very probable indeed that some of these families would be even better pleased to receive one or two of these incurables as permanent boarders, and at even a lower rate of compensation. At all events, the trial would cost little either in money or in time, and might be kept within narrow limits until the merits or demerits of the plan had been thoroughly tested. As is well known, this method of providing for the care of harmless cases of insanity has been in practice in Scotland and in Belgium for many years past, and, as is reported, with eminently satisfactory results. It may not be as well known that, in a few instances at least, such patients are kept as boarders in ordinary private families, at the expense of their friends, in this country.

In the first instance such patients only, or for the most part, should be selected for the experiment as were known to be industriously disposed, inasmuch as useful industry is a great promoter of quietude and contentment; and it should be understood by parties who proposed to undertake their

care that they would be expected to encourage the patients in assisting them in their ordinary labors ; that the patients should be their companions in their labors, their recreations, and at their meals. To this end care should be taken that the patients were placed with families suitable to this arrangement. The fact that the boarder was likely to be to some extent helpful, rather than a hindrance, would prove a strong inducement with many to undertake the charge and responsibility.

Of course visitations and inspections by properly constituted authorities would be required ; but these inspections could be made for the most part by local sub-committees, who would report to the central authority having the matter in charge, at stated times.

If this system should prove to be successful, even for a moderate number of patients, it would be of advantage in many ways : to the patients, by securing for them a greater measure of happiness than they could enjoy as companions of a multitude of other sufferers like themselves in any large asylum ; to their companions who remained, as an encouragement to well-doing, in order that they also might at some time be considered worthy of a similar trial ; to the State, by diminishing the expenditure required to construct domiciles for the chronic insane ; and to general practitioners of medicine by inciting them to a more thorough study of the subject of mental diseases, in view of the fact that the insane were being brought more within the sphere of their practice.

A passing mention should also be made, in this connection, of a certain class of uncured but not incurable patients. While it would be highly improper to interfere with the management of curable patients whose improvement has been as great as could be reasonably expected, either by removal or otherwise, until their convalescence

had been established and tested by a sufficiently long probation, there are others of this class of uncured curables for whom a change of domicile and management may be advisable,—that is, patients whose improvement has progressed favorably and satisfactorily for a period of time and has then stopped without apparent cause. In some of these cases a change, either to their homes or elsewhere, seems to initiate a new period of improvement, which may be followed by a speedy and complete recovery.

The following conclusions, then, regarding the detention of patients in asylums for the insane, are believed to be correct, to wit:

1. That, inasmuch as many recoveries take place in asylums for the insane, it is to be expected that some convalescent patients may be at any time found in the wards.
2. That while, possibly, now and then a convalescent patient may be detained on probation an unnecessary period of time, such cases are not of frequent occurrence, nor important in their consequences when they happen; and that, when they do occur, the detention is very rarely indeed through criminal intent.
3. That many harmless incurables are unnecessarily detained in asylums for the insane; that these incurables would be happier in the enjoyment of ordinary family life and associations; and that systematic efforts should be made to secure their enlargement and their establishment under family care.
4. That under certain circumstances curable patients should be removed from asylum restraints and associations while yet uncured.